

**REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	09/800,509
Filing Date	March 8, 2001
First Named Inventor	Ajay P. SRAVANAPUDI et al.
Title	Multimodal Information Services
Art Unit	2655
Examiner Name	Daniel ABEBE
Attorney Docket Number	080759-0018

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

20277

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

20277

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

6/5/08

Name

Tom Ervin

Telephone

7032070040 x211

Title and Company

CFO, Entrivea, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.